EXHIBIT 16

EEOC Form 5 (5/01)

CHARGE OF DISCRIMINATION	Charge Presented to: Agency(ies) Charge No(s):		
This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.	X FEPA X EEOC		
and EEOC State or local Agency, if any			
Name (indicate Mr. Ms. Mrs.) Savannah Kinzer	, , ,	Home Phone (Incl. Area Code)	
Street Address City, State and ZIP Code c/o Shannon Liss-Riordan, Lichten & Liss-Riordan, P.C., 729 Boylston Street, Suite 2000, Boston, MA 02116			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I believe Discriminated Against Me or Others. (<i>If more than two, list under PARTICULARS below.</i>)			
Name Whole Foods Market, Inc.	No. Employees, Members Phone No. (I 1-512-477-46		nclude Area Code) 455
Street Address City, State and ZIP Code 550 Bowie St., Austin, TX 78703			
Name Whole Foods Market	No. Employees, Members Phone No. (I 6178766990		nclude Area Code)
Street Address 340 River St, Cambridge, MA 02139 City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es).) X RACE X COLOR SEX RELIGION NATIONAL ORIGIN X RETALIATION AGE DISABILITY OTHER (Specify below.)		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest June 2020 July 2020 _X_ CONTINUING ACTION	

THE PARTICULARS ARE (If additional paper is needed, attached extra sheet(s)):

Due to the onset of the global coronavirus pandemic, grocery workers (like many other workers around the country) are required to wear masks to work. Following the death of George Floyd and demonstrations this spring around the country protesting police violence and other discrimination against Blacks, more people have been showing their support for the Black Lives Matter movement. Around June 2020, many Black Whole Foods employees and non-Black coworkers began wearing masks with the message Black Lives Matter. In response, Whole Foods began disciplining us for wearing these masks. Although Whole Foods had not previously strictly enforced its dress code policy (and had not disciplined employees for wearing other messages, including political messages), the company began sending home employees without pay for wearing Black Lives Matters masks. Whole Foods has given employees a discipline "point" each time we are sent home for wearing the mask. These points put us at risk of possible termination. Under Whole Foods' progressive discipline policy, employees who accumulate a certain number of points first receive a warning, followed by a written warning, then a final warning, and then termination. Like many other Whole Foods employees, I have been sent home without pay and given "points" for wearing a Black Lives Matter mask a number of times. I am at risk for being terminated if I continue to wear the Black Lives Matter mask and receive more discipline "points".

I and other Whole Foods employees oppose the company's policy of not allowing us to wear Black Lives Matter masks at work. We have also opposed the company's policy of disciplining employees in response to protesting the policy. We believe Whole Foods' policy of not allowing employees to wear Black Lives Matter masks at work, and disciplining employees who wear the mask, discriminates against Blacks, including our Black coworkers, and discriminates against employees for associating with and showing support for Black coworkers and the Black Lives Matter movement. The policy is also retaliatory against employees who have protested this discrimination (and

retaliation) by Whole Foods.

I bring this Charge on behalf of myself and other employees challenging Whole Foods' discriminatory policy of not allowing us to wear Black Lives Matter masks to work. I also challenge the discipline imposed on employees, including myself and others, for wearing Black Lives Matter masks to work and for discrimination and discipline against employees for opposing Whole Foods' discriminatory and retaliatory policies.

I want this charge filed with both the EEOC and the State or local Agency, NOTARY – When necessary for State and Local Agency if any. I will advise the agencies if I change my address or phone number Requirements and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I swear or affirm that I have read the above charge and I declare under penalty of perjury that the above is true and that it is true to the best of my knowledge, information and correct. belief. SIGNATURE OF COMPLAINANT 07/13/2020 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE Date Charging Party Signature (month, day, year)